

SPM #2: Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.

Relationship to Priority Need(s): SPM #2 relates to Wisconsin's Priority Need # 2 - Health Access and #7 - Teen Pregnancy. Access and availability to family planning services and related reproductive health care contributes to the prevention of unintended pregnancy, and improves access to basic routine primary and preventive health care for low income and uninsured women. Access to private and confidential contraceptive services, which can be assured through publicly supported-services, is essential for providing effective contraceptive services to sexually active adolescents. This is a cornerstone of Wisconsin's Adolescent Pregnancy Prevention Plan. Reproductive health care that routinely accompanies contraceptive services addresses basic health issues that are an important part of women's health.

a) Report of 2003 Major Activities

1. Contraception and Related Reproductive Health Care—Direct Health Care Services—Women and sexually active adolescents

Title V MCH/CSHCN Program Block Grant and matching State Funds supported the following services to women:

- 30,182 women received comprehensive family planning services,
- 19,280 women received pregnancy testing services and appropriate continuity of care (contraceptive services or pregnancy-related services),
- 27,834 women received screening for chlamydia as part of infertility prevention services,
- 48,524 women received cervical cancer screening services.

2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program—Enabling Services—Women and sexually active adolescents

The purpose of many activities in 2003 was the implementation of Wisconsin's Medicaid Family Planning Waiver (FPW) on January 1, 2003. The FPW expands Medicaid eligibility to women ages 15-44 with incomes below 185% of poverty. Successful implementation of the FPW will expand family planning access to 50,000 additional women in Wisconsin.

A Social Marketing/Quality Improvement project continued to determine how population segments currently not using contraceptive services could be reached to provide them information needed for making an informed choice about participation in the FPW. Another purpose was to determine what changes needed to be made in clinic services to make services more acceptable to newly eligible women to receive services. These activities will continue in 2004.

3. Family Planning Provider Training—Infrastructure Building Services—Women and sexually active adolescents

Provider training sessions were conducted to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). TA and support to family planning providers was facilitated through

a List-Serve and website supported by HCET, with which DPH/MCH contracts. Provider training sessions were conducted to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). Technical assistance and support to family planning providers was facilitated through a List-Serve and website, supported by Health Care Education and Training, with which DPH/MCH contracts.

<http://www.hcet.org/resource/states/wi/htm>.

b) Current 2004 Activities

1. Contraception and Related Reproductive Health Care—Direct Health Care Services—Women and sexually active adolescents

Expansion of family planning (contraception and related reproductive health care) services is anticipated during 2004 as a result of the Medicaid Family Planning Waiver implementation that began January 1, 2003. Ten thousand additional women will likely receive services in 2004 above 2003 service.

In 2004, DHFS has established a Family Planning and Reproductive Health Care Council. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income women), prevent unintended pregnancy, and deliver cost effective services. The Wisconsin Lt. Governor actively participates in the Family Planning Council. Family planning services are considered to be an integral component of women's health care.

Family planning will also be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight – integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program—Enabling Services—Women and sexually active adolescents

Title V Program staff are actively involved with the Medicaid Program in implementing the Family Planning Waiver.

The Wisconsin Governor's Healthy Kids Initiative identifies a series of steps to improve child health. One of the steps is to "Step up efforts to reduce Teen Pregnancy". Wisconsin has seen an overall decline in teen births in recent years, but there were still approximately 6,500 teens who had babies in 2002. The Medicaid Family Planning Waiver is considered to be one of the most successful programs that addresses this issue.

3. Family Planning Provider Training—Infrastructure Building Services—Women and sexually active adolescents

Technical assistance and support, and continuing education activities identified above will continue in 2004. Planning for provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

c) 2005 Plan/Application

1. Contraception and Related Reproductive Health Care—Direct Health Care Services—Women and sexually active adolescents

Expansion of family planning (contraceptive and related reproductive health care) services is anticipated to continue during 2005 - the third full year of implementation of the Medicaid Family Planning Waiver. An increased volume of services to women between income levels 185%-250% of poverty is anticipated. This will directly contribute to the objective in Healthiest Wisconsin 2010 to reduce unintended pregnancies among Wisconsin residents to 30%.

In 2005, DHFS is expected to continue the Family Planning and Reproductive Health Care Council established in 2004. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income women), prevent unintended pregnancy, and deliver cost effective services. Family planning is considered as an integral component of women's health care.

Family planning will continue to be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight – integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program—Enabling Services—Women and sexually active adolescents

Activities related to continued promotion and outreach for the Wisconsin Medicaid Family Planning Waiver will continue during 2005.

The Wisconsin Governor's Healthy Kids Initiative, initiated in 2004, identifies a series of steps to improve child health, and will continue in 2005. One of the steps is to "Step up efforts to reduce Teen Pregnancy". Wisconsin has seen an overall decline in teen births in recent years, but there were still approximately 6,500 teens who had babies in 2002. The Medicaid Family Planning Waiver is considered to be one of the most successful programs that addresses this issue.

3. Family Planning Provider Training—Infrastructure Building Services—Women and sexually active adolescents

Technical assistance and support, and continuing education activities for publicly supported family planning providers, as identified above, will continue in 2005. Implementation of provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.